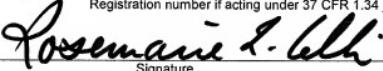


| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |  | Docket Number (Optional)<br>15270J-004743US |          |
|--|--|---|----------|
| <b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |  |   |          |
| Application Number 09/724,319  |  | Filed November 27, 2000                     |          |
| For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE  |  |   |          |
| Art Unit 1649  |  | Examiner Ballard, Kimberly                  |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |  |   |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |  |   |          |
|  | <u>Fee</u>   | <u>Small Entity Fee</u>                     |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130  | \$65  | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490  | \$245                                       | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110   | \$555                                       | \$ 1110  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730   | \$865                                       | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350   | \$1175                                      | \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . |  |   |          |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |  |   |          |
| I am the   | <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>42,397</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____ |   |          |
| <br><u>Rosemarie L. Celli</u><br>Signature   |  | <u>March 8, 2010</u><br>Date                |          |
| Rosemarie L. Celli, Reg. No. 42,397<br>Typed or printed name   |  | (650) 326-2400<br>Telephone Number          |          |
| <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>   |  |   |          |
| <input type="checkbox"/> Total of _____ forms are submitted.   |  |   |          |